**CASE REPORT:** From 30 APR 2018 to 6 MAR 2019, the Democratic Republic of the Congo (DRC) Ministry of Health (MOH) has reported 913 (+28) confirmed and probable Ebola virus disease (EVD) cases from 19 health zones (HZs) in North Kivu and Ituri provinces in northeastern DRC. Among the confirmed and probable cases, there have been 574 (+19) deaths (case fatality proportion 63%). The outbreak hotspot continues to be Katwa HZ; on 24 FEB, Katwa HZ exceeded the cumulative case count reported in Beni HZ, the previous epicenter. As of 6 MAR, Beni and Katwa HZs have accounted for 56% of the total deaths reported; according to CDC, the increase in deaths in Katwa HZ is attributed to case contacts refusing vaccination. As of 6 MAR, confirmed and probable cases have been reported from Katwa (265 (+15)), (Beni (235), Mabalako (106), Butembo (85 (+7)), Kalunguta (57 (-1)), Oicha (31 (+1)), Kyondo (18 (+1)), Vuhovi (13 (-1)), Masereka (11 (+2)), Musienene (7), Biena (5), Kayina (5), Manguredjipa (5), and Mutwanga (4) HZs in North Kivu Province. The cases in Masereka HZ are the first cases reported in this HZ since 2 DEC 2018; according to WHO, these cases have been linked to a chain of transmission originating in Butembo HZ. In Ituri Province, cases have been reported from Komanda (36 (-1)), Mandima (26 (+5)), Tchomia (2), Rwampara (1), and Nyankunde (1) HZs. From 27 FEB to 6 MAR, Katwa and Butembo HZs have accounted for 79% of the newly confirmed and probable cases reported. According to Doctors Without Borders (MSF), in 35% of newly infected cases, the mode of transmission is unknown, and 40% of new cases since 1 JAN have been fatal.

**BACKGROUND:** Persistent insecurity, population density and mobility, and community resistance continue to be compounding factors in this outbreak. The Butembo Ebola Treatment Unit (ETU) sustained extensive damage from an arson attack on 27 FEB. Following reconstruction, the Butembo ETU was reopened on 2 MAR. According to the MOH, police and DRC military personnel have not been involved in EVD response activities and there has been a lack of understanding of the role of law enforcement in the response. As of 6 MAR, all alerts for potential EVD cases identified outside of the DRC have been negative; however, the high level of population movement between the affected areas and neighboring countries continues to create potential opportunities for cross-border disease transmission. As of 24 FEB, 80 Points of Entry (PoEs) and Points of Control (PoCs) are operational in the DRC, and have screened over 39 million travelers. As of 7 FEB 2019, WHO assesses the risk of EVD spread at the national and regional levels as very high and the global risk as low. NCMI reports no change in risk to DoD personnel.

**MEDICAL COUNTERMEASURES & DIAGNOSTICS:** According to WHO, the coordination center for the outbreak, formerly established in Kinshasa, has been moved to Goma. As of 6 MAR, 86,012 (+1,651) individuals, including at least 18,900 children, have been vaccinated in the DRC using the investigational EVD vaccine rVSV-ZEBOV since 8 AUG 2018. As of 3 MAR, ongoing vaccination of HCWs and front-line workers (FLWs) continues in Uganda, where 4,852 (+528) have been vaccinated in at least 12 districts; 1,138 HCWs and FLWs have been vaccinated in South Sudan. On 20 FEB, WHO and the Uganda Red Cross signed an agreement to strengthen EVD screening at 25 PoEs in eight districts on the border of DRC and Uganda. In a press release on 28 FEB, the World Bank Group approved up to 80 million USD in funding to support the EVD response in the DRC lead by the MOH and WHO. The United Nations has allocated 2 million USD to South Sudan to support EVD preparedness activities, including border screening, enhanced surveillance, and community engagement. Planning continues for preventive vaccinations in Rwanda, which plans to target 1,415 HCWs and FLWs. Planning for vaccinations in Burundi continues.

In the DRC, ETUs have been established in Beni, Bunia, Butembo, Goma, Katwa, Kayna, Komanda, Mabalako, Mandima, and Tchomia HZs. As of 3 MAR, there are eight laboratories with EVD diagnostic capabilities in DRC: Beni, Bunia, Butembo, Goma, Katwa, Kinshasa, Komanda, and Mangina; a ninth laboratory is planned in Kayina. ETUs have also been constructed at the Bwera and Bundibugyo hospitals in western Uganda. As of 7 MAR, recruitment continues for a randomized controlled trial (RCT) of four investigational EVD therapeutics (mAb114, Remdesivir, Zmapp, and REGN-3) that started on 26 NOV 2018.

**TRAVEL ADVISORIES:** The Department of State (DoS) has identified Eastern DRC as a “Do Not Travel” zone due to armed group activity and military operations; travel to the rest of the DRC has been identified as a “Reconsider Travel” zone by the DoS. On 15 FEB, the U.S. Embassy in Kinshasa, DRC issued a Health Alert due to the ongoing EVD outbreak in the northeast region of the country. On 6 MAR, CDC updated its Alert – Level 2, Practice Enhanced Precautions travel notice for EVD in the DRC.

(±xx) represent the change in number from the previous AFHSB Surveillance Summary of 1 MAR 2019. All information has been verified unless noted otherwise. For information or assistance requests, contact AFHSB/IB at: NIPR: dha.ncr.health-surv.list.ib-alert-response@mail.mil or SIPR: dha.ncr.health-surv.mbx.health-surveillance-group@mail.smil.mil

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Ebola Virus Disease Outbreak in Northeastern Democratic Republic of the Congo*

Confirmed and Probable Case Counts
- ≤5
- 6-14
- 15-52
- ≥53

+ Ebola Treatment Unit
○ Mobile Lab
H Hospital

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*Data as of 06 MAR 2019
**Items in (+xx) represent the change in number from 01 MAR 2019

Sources: CDC, DRC MOH, USG, WHO AFRO
Not Featured: Goma Ebola Treatment Unit and Mobile Lab, located in Southern North Kivu Province

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